IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tadashi Shimazaki : Art Unit: 3737

Serial No.: 10/698,310 :

: Examiner: Ramirez, John Fernando Filed: October 31, 2003 :

For: ULTRASONIC PULSE

TRANSMISSION METHOD AND ULTRASONIC DIAGNOSTIC

APPARATUS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:
 Transmittal (3 pages)
 Amendment in response to Office Action dated March 26, 2008 (5 pages)

STATUS

2. Applicant claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. (complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Pees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
			Extension for response within:	(Other than small entity Fee	Small entity Fee (if applicable)			
		first month		\$	120.00	\$ 60.00			
	second month			\$	460.00	\$ 230.00			
			☐ third month	\$	1,050.00	\$ 525.00			
			fourth month	\$	1,640.00	\$ 820.00			
			☐ fifth month	\$	2,230.00	\$1,115.00			
					Fee:	\$			
If an additional extension of time is required, please consider this a petition therefor.									
(Check and complete the next item, if applicable)									
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.									
	Extension fee due with this request \$								
	OR								
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extens of time.								

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

below.	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA =0	ADDITIONAL. RATE FEE x \$25.00 = \$	OR	ADDITIONAL RATE FEE x \$50.00 = \$0.00
TOTAL INDEP.		MINUS		=0	x \$105.00 = \$	-	x \$210.00 = \$0.00
	FIRST PRESEN	TATION OF	MULTIPLE DEP. 0	+\$185.00 = \$		+ \$370.00 = \$	
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$0.00

P.			MINUS		-0	x \$105.00 = \$		x \$210.00 = \$0.00	
	FIRST	PRESEN	TATION OF	MULTIPLE DEP. (CLAIM	+\$185.00 = \$		+\$370.00 = \$	
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$0.00	
	(a)	\boxtimes	No add	itional fee fo	r Claims is	required			
	(b)		Total a	Ol dditional fee		required \$			
5.		Attacl	ned is a c	FEE PAY					
		Charge Deposit Account No. 01-2384 the sum of \$. A duplicate of this transmittal is attached.							
6.	\boxtimes	FEE DEFICIENCY If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.							
	\boxtimes	AND/OR If any additional fee for claims is required, charge Deposit Account No. 01-2384.							
7.		Other	:		Eric Reg AR One St. 1	T. Krischke No. 42,769 MSTRONG TEAS Metropolitan Squ. Louis, MO 63102 -621-5070			